

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Original Patent

Patentees: Alex Kalnitsky
Yih-Shung Lin

Patent No.: 5,986,330

Title: ENHANCED PLANARIZATION
TECHNIQUE FOR AN
INTEGRATED CIRCUIT

Issued: November 16, 1999

Atty Dk No.: 93-C-023C3



ITR
9200
w/Pe
only

Reissue Application

Applicants: Alex Kalnitsky
Yih-Shung Lin

Serial No.: 09/998,595

Title: ENHANCED PLANARIZATION
TECHNIQUE FOR AN
INTEGRATED CIRCUIT

Filing Date: November 16, 2001

Atty Dk No.: 93-C-023RE (1678-42)

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 31st day of January, 2005.

Signature

MS AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Please amend the above-referenced patent application as follows.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

09998595

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	2405	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	48	Minus
Independent	*	6	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$25 =		OR	X \$50 =	
X 100 =		OR	X 200 =	
+ 180 =		OR	+ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	